



Information for
patients and
carers

Achilles Tendon Rupture

This leaflet is designed to help you understand your injury and how to manage it correctly. It is important to remember that your injury is specific to you and this information is a guide only and should not be substituted for care from a healthcare professional.

To accompany this leaflet, the foot and ankle team have created an online learning package to aid understanding of an Achilles tendon rupture and guide you through the different stages of your care.

We strongly recommend you access this resource as the videos provide valuable insight into your rehabilitation. This can be found by scanning the QR code below or typing in the link.

If you have any questions about your care after accessing the learning package, please contact your health care professional. The numbers can be found in the back of this booklet.

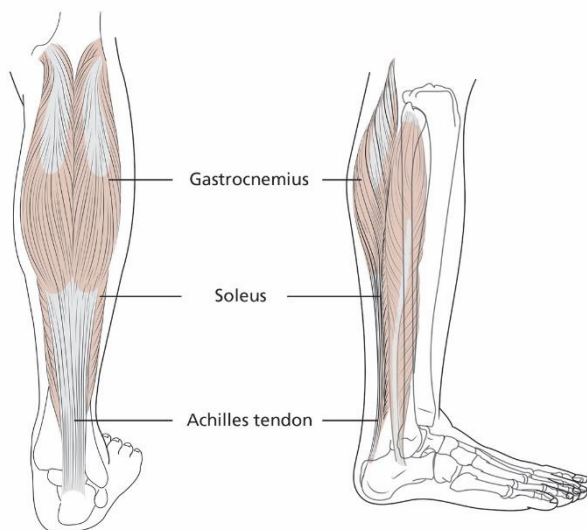


https://elearning.lthtr.nhs.uk/_uploaded/ebook/AchillesTendonRupture/story.html

What is an Achilles Tendon Rupture?

The Achilles tendon connects the muscles in your calf (gastrocnemius and soleus) to your heel bone (calcaneus). The function of these muscles is to point your foot downward; push you up onto your tiptoes and push you forward during walking, running and jumping.

An Achilles tendon rupture occurs when the tendon is stretched beyond its capacity. This usually happens very suddenly with many patients reporting pain at the back of the ankle with an audible 'pop' or a feeling of being kicked. It often occurs during sports that involve running and jumping as well as falls from a height.



How is it diagnosed?

When you attend A&E you will be assessed thoroughly. Diagnosis is usually based on the signs and symptoms you describe as well as a physical examination to assess how well the Achilles tendon is working.

How is it treated initially?

In the past, we used to operate on all these injuries as the studies suggested that if you were placed into a cast and did not weight bear for 6 weeks the re-rupture rate was a lot higher than if we operated. However, we now have a rehab programme (called functional rehabilitation) which allows patients to wear a boot with wedges inside which lifts the heel up and keeps the foot pointed down. This allows the tendon ends to come together. Patients can walk on this fully weight bearing with crutches. The studies have shown that the re-rupture rates between functional rehabilitation and surgery are not statistically different. This has meant we rarely have to perform surgery for these types of injuries.

The boot will be applied, and crutches provided in the emergency department. It is important that you do not remove the boot until you are reviewed in the Foot & Ankle clinic. You and the surgeon will then decide the most appropriate management for your injury together.

What about my risk of blood clots?

Blood clots can occur after foot and ankle injuries and can cause symptoms such as leg pain or swelling, shortness of breath, coughing up blood, chest pain or feeling faint. Occasionally they cause no symptoms.

Rates of blood clots in the legs or chest are higher after Achilles ruptures so you will be recommended to have 6 weeks of blood thinning medication (unless you are already on medication for another reason), although the studies to support this are inconclusive.

Clots in the legs or lung can be life threatening in a low number of patients (< 1 in 2000). There is no evidence that blood thinning treatment reduces the risk of a fatal blood clot, but it does reduce the risk of a non-fatal clot.

The severe complications of blood thinning treatment are a life-threatening bleeding event (< 1 in 100) and a severe drop in platelet count called heparin induced thrombocytopenia (< 1 in 1000) which can be life threatening in itself.

If you have any symptoms of clots or bleeding, you should present to your nearest A&E department for assessment

How do I look after my skin whilst wearing my boot?

The boot must be worn at all times, 24 hours per day. In the context that you need to remove it, for example to check on a painful area of skin, it is important that you keep your toes pointed down at all times. If you draw your toes backwards it will stretch your calf and disrupt the tendon healing. Problems can occur with the boot such as pressure sores and skin irritation, especially in patients with diabetes or nerve problems (neuropathy). It is important to look out for these problems and let the fracture clinic know if you experience any issues.

What are the management options for my injury?

Re-ruptures can occur with both surgery and functional rehabilitation, there is no statistical difference in occurrence between the two groups but the risk is there with both (2%). The implications of not having surgery can sometimes mean the tendon lengthens and since the tendon powers walking and running, push off strength can be reduced. Generally, the physiotherapists can improve this and people rarely require any surgery to address this at a later date. However, some patients can find this weakness limiting.

With surgery, lengthening of the tendon is unlikely to occur as you stitch the ends back together directly. However, there are risks of nerve injury (numbness, chronic pain), infection and wound problems (occasionally

needing further surgery because the skin at the back of the heel is thin and can break down) with surgery. These are not insignificant complications and can be life changing if they occur. The rates of these complications are up to 10%. The risks are higher in those who smoke, are diabetic or have significant medical problems.

Will my tendon ever be normal again?

No, the tendon was not normal to start with, otherwise it would not have ruptured. Neither surgery nor functional rehabilitation will restore your tendon health back to normal.

How long will it take to recover from this injury?

The rehabilitation regime is generally 6 – 10 weeks in a boot with removal of wedges over this time so that after 8 – 10 weeks, the heel is back on the ground. It is possible to start gentle jogging around 4 - 6 months and running / contact sports around 8-12 months. Full recovery can take 12 – 18 months. Even after the tendon has healed it may not feel as strong as it did before it ruptured.

Physiotherapy Rehabilitation

Regardless of which treatment you have, you will be referred to your local Outpatient Physiotherapy department to continue your care. You will be guided through a rehabilitation plan. It is very important that you follow the guidance of your Physiotherapist before progressing your exercises and returning to your usual activities/ sports to reduce your risk of further injury.

The following timeframes are a guide and should not replace advice from a healthcare professional.

Return to work	Sedentary job: As able depending on job requirements	Manual job: 3-4 weeks after removal of boot
Driving	At least 2 weeks after removal of boot <i>You should be comfortable making an emergency stop.</i> Those with automatic cars and left leg injury may be able to drive with their boot on. Check with your insurance provider.	
Running	Jogging: 4-6 months	Hill running & sprinting: 6-8 months
Sport	Non-Contact sport: 6 months	Contact and racquet sports: 9-12 months

I have a problem, who do I contact?

Should you require further advice or information please contact:

“I haven’t heard when my clinic appointment will be”

You should have heard from our Virtual Fracture Clinic team within 2 – 3 days of attending the Emergency Department.

The number to contact is 01772 522002.

“I have a problem with my boot”

Please contact the fracture clinic.

The number to contact is 01772 523406 (RPH) / 01257 245160 (CDH)

“I have been seen in the clinic but I still haven’t heard from the physiotherapy department”

Please contact the physiotherapy department.

The number to contact is:

Royal Preston Hospital

Lines are open Monday – Friday (8.30-16.00) – 01772 522876

Chorley & South Ribble Hospital

Lines are open Monday – Friday (8.00-16.00) – 01257 245757

“I need to speak to the Foot & Ankle consultant again”

Please contact the relevant consultant’s secretary through the hospital switchboard.

The number for switchboard is:

01772 716565 (RPH) / 01257 261222 (CDH).

Checklist

Please now read the following checklist to ensure you have been given all the necessary information regarding your Achilles injury.

- I know NOT to walk without the boot
- I have been advised regarding skin care and how to safely take my boot on and off if required, ensuring my foot remains in a pointed position
- My healthcare professional has discussed anti-coagulants (blood thinners) with me and made a decision as to whether I need to take them
- I have been given information regarding DVT's (blood clots) and know what to do/who to contact if I have any concerns

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપાકરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دوسری زبانوں اور ریڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو یئچھپا جس یبھ ابی دست بو یسکت ہے براغ مہر یان پوے یچھدی۔ معلومات

Arabic:

مطبوعه بأحر فكبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه لمعلومات يرجى أن تطلب أخرى يملكن تو فسير هذه المعلومات

Department: Core Therapies
Division: Diagnostics and Clinical Support
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